



PHR

S
Y
N
O
P
S
E
S

HARRIS, AD (Public Health Service), DEACON, W. E., TIEDEMANN, JOHN, and PEACOCK, WILLIAM L., Jr.: *Fluorescent antibody method of detecting gonorrhoea in asymptomatic females.* *Public Health Reports, Vol. 76, February 1961, pp. 93-96.*

This study was designed to explore the usefulness of the delayed fluorescent antibody method for detecting *Neisseria gonorrhoeae* in females who had not been named as sexual contacts of male gonorrhoea patients.

Routine-admission female jail inmates, 162 Negro and 51 white, who were found to be free of any sign or symptom of gonococcal infection were examined. Using the delayed fluorescent antibody method, *N. gonorrhoeae* was detected in 44, or 20.6 percent. Urethral, cervical, and vaginal sites were examined. Examination of all three sites produced

more positive findings than did examination of any one site or any combination of two sites. Reexamination of 74 women showed that, in this type of patient, additional positive sites could occasionally be obtained by a second examination.

Since the efficiency of the fluorescent antibody technique for detection of *N. gonorrhoeae* in the female compared with culture, isolation, and fermentation procedures had been determined in a previous study, culture comparisons were not made.

FITZWATER, JANET (Public Health Service): *Bacteriological effect of ultraviolet light on a surgical instrument table.* *Public Health Reports, Vol. 76, February 1961, pp. 97-103.*

A canopy table with ultraviolet irradiation as a means for maintaining the sterility of instruments and materials introduced into the wound throughout a surgical operation has been designed and evaluated.

Alteration of the reserve instrument table used routinely in the operating room to the canopy table is simple and inexpensive. The drape for the table is easily made and one nurse can arrange it to provide complete sterile coverage.

Irradiation is confined to the table to the degree that it is not necessary for any member of the operating team to have protective clothing, shields, or glasses.

Results of the bacteriological tests

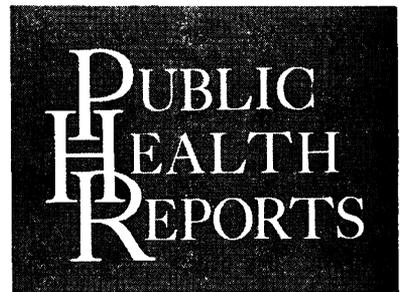
show that the canopy table with ultraviolet irradiation produces a significant bactericidal effect. The canopy alone is not an effective means for reducing contamination of equipment and supplies on the reserve instrument table by airborne organisms.

Information supplied by the nurses who used the table and periodic observations indicate that the canopy table is practical.

This study serves to emphasize the concept that it may be timely to direct attention to confining irradiation to equipment and materials introduced into the wound rather than to irradiate the entire room. Further studies related to this concept may be profitable.

CONTENTS *continued*

	<i>Page</i>
Mortality from infections..... <i>Carl C. Dauer</i>	159
Poliomyelitis in an immunized community: Seattle-King County, Wash., 1959..... <i>Reimert T. Ravenholt</i>	166
Relative effectiveness of diethyl toluamide and M-2020 against <i>Aedes scapularis</i> (Rondani)..... <i>Frederick W. Whittemore, Jr., Hugh L. Keegan, Robert A. Hedeem, and H. W. Fowler, Jr.</i>	179
Short reports and announcements:	
Training in epidemiology for nurses.....	103
Secretary of Health, Education, and Welfare.....	104
Publication announcements	153
International mail pouch	154
Planning help for mentally retarded children.....	158
Causes of fish-kills.....	182
Federal publications	183



MANAGING DIRECTOR

WILLIAM H. STEWART, M.D.
*Chief, Division of Public Health
Methods*

BOARD OF EDITORS

ERNEST L. STEBBINS, M.D., M.P.H.
Chairman

FRANCIS A. ARNOLD, JR., D.D.S.
A. L. CHAPMAN, M.D.
W. PALMER DEARING, M.D.
HERBERT R. DOMKE, M.D., DR.P.H.
ROBERT DYAR, M.D., DR.P.H.
WESLEY E. GILBERTSON, M.S.P.H.
ROGER W. HOWELL, M.D.
CHARLES V. KIDD, PH. D.
KARL M. MASON, B.S.S.E., M.P.H.
JAMES R. SHAW, M.D.
RUTH SLEEPER, R.N., M.A.
HELEN M. WALLACE, M.D.

STAFF

Marcus Rosenblum *Executive Editor*
Winona Carson *Managing Editor*
Martha Seaman *Asst. Managing Editor*
Eugene Fite *Art Editor*

Address correspondence to Executive Editor

Opinions expressed are the authors' and do not necessarily reflect the views of *Public Health Reports* or the Public Health Service. Trade names are used for identification only and do not represent an endorsement by the Public Health Service.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

ABRAHAM RIBICOFF, *Secretary*

PUBLIC HEALTH SERVICE

LUTHER L. TERRY, *Surgeon General*

PHR

S
Y
N
O
P
S
E
S

DAUER, CARL C. (Public Health Service): *Mortality from infections. Public Health Reports, Vol. 76, February 1961, pp. 159-165.*

It is commonly believed that infectious diseases or processes are of minor importance as causes of death. However, it is estimated that about 100,000 deaths are reported each year in the United States for which infections are stated to be the underlying cause of death.

A study of mortality from a number of infections, mainly due to bacterial agents, shows a rising trend in numbers of deaths, some over a period of 10 years and others during the past 5 years.

Mortality from all types of septicemia has been steadily increasing since 1948, particularly septicemia caused by staphylococci. Sepsis of the newborn has shown a similar trend, a threefold increase from 1949 to 1958. The number of deaths from infections of the kidney has doubled during this period. Deaths

from several types of infection, including empyema and lung abscess, cellulitis, and meningitis (exclusive of tuberculous and meningococcal forms) have been increasing since 1955. These various types of infections of organs or systems take their greatest toll of life in the very young and in persons 45 years of age and over.

Examination of a large number of death certificates from all parts of the country indicates that still larger numbers of deaths occur in which infections are contributory causes. Additional studies are needed to determine, insofar as possible, the etiological agents responsible for infections which are considered to be underlying or contributing causes of death, and what proportion are hospital acquired.

RAVENHOLT, REIMERT T. (Department of Public Health, Seattle-King County, Wash.): *Poliomyelitis in an immunized community: Seattle-King County, Wash., 1959. Public Health Reports, Vol. 76, February 1961, pp. 166-178.*

One hundred and thirteen cases of paralytic poliomyelitis, largely or entirely caused by type 1 poliovirus, occurred in Seattle-King County, Wash., during 1959. Investigation showed that the outbreak began in June and ended in December. Median week of onset of poliomyelitis in children preceded the median week for adults by about 3 weeks.

Sixty-seven (59 percent) of the 113 patients were adults. Ages ranged from 9 months to 57 years, with a median of 22.5 years. Patients who died ranged in age from 19 to 42 years, with a median of 30.5 years. Seventy-two (64 percent) of the 113 patients and 5 of the 8 who died were male. Only two cases in pregnant women were recorded. Only 2 of the 67 adult patients had not had regular household contact with children during the month prior to onset. Swimming was not a significant factor in the epidemiogenesis of this outbreak.

The outbreak was probably due especially to the accumulation of an unusually susceptible preschool population in public housing projects and similar low socioeconomic groups. This accumulation indicates an unusual lack of natural immunization which, with changes in racial, socioeconomic, and geographic distribution of cases, suggests that extensive use of Salk vaccine did temporarily limit propagation of poliovirus in this community.

Two findings contrasted notably with earlier reports: (a) severity of paralytic disability showed no significant correlation with number of vaccine injections, indicating that the vaccine provides all-or-none protection, and (b) distributions of tonsillectomy and bulbar paralysis do not indicate that tonsillectomy at least 6 months previous disposes to bulbar paralysis.

Information for Contributors

PUBLIC HEALTH REPORTS welcomes from any source all contributions of value to public health.

Most of the readers of *Public Health Reports* are practicing public health officials. About 10 percent of the monthly circulation of *Public Health Reports* goes overseas. About half of the domestic circulation goes to Federal, State, and local government agencies concerned with health and related health interests. A quarter goes to institutions accredited for teaching in health and related fields, to teachers, and to libraries. The journal also reaches research institutions, hospitals, and professional and voluntary public health organizations.

Tearsheets. In lieu of reprints, senior authors are provided with 50 to 100 sets of tearsheets after publication. Associate authors receive a smaller number.

Manuscript review. Manuscripts submitted for publication are reviewed by technical experts, and authors are given the benefit of their comments before type is set. Authors also receive edited typescripts for approval and are given the opportunity to correct galley proofs. Authors are responsible for the accuracy and validity of all material, including tables, charts, and references. Special editorial assistance in preparing or revising manuscripts is available on request, to the limit of staff resources.

Manuscripts are reviewed with the understanding that they have not been committed for publication elsewhere. Appropriate information should be provided if a paper has been given or is prepared for presentation at a meeting.

Manuscript form. Authors will facilitate review and publication if they submit an original and three carbon copies of their manuscripts. All copy should be typed double spaced, and each page should end with a completed paragraph. Of course, several paragraphs may appear on a typed page.

References should be given in the style used by *Public Health Reports*.

Footnotes should be worked into the text or offered as supplemental items.

Authors are expected to recognize scientific contributions by those who have assisted in their papers only if such contributions warrant mention in the text or in the paragraph identifying the authors. It is not the policy of *Public Health Reports* to publish "acknowledgments."

Synopses. Authors are requested to provide a 200-word synopsis of appropriate papers. The staff will supply on request information offering guidance on the preparation of synopses.

Index listings. *Public Health Reports* is listed in the annual *Cumulated Index Medicus* (American Medical Association), in the monthly *Index Medicus* (National Library of Medicine), and in the *Engineering Index*.

Bound copies. Librarians and others should preserve their copies for binding, as the Public Health Service does not supply bound copies. Indexes are published each year in the December issue.

PUBLIC HEALTH MONOGRAPHS, edited and issued by *Public Health Reports*, must be submitted through constituent agencies of the Department of Health, Education, and Welfare.

Most Public Health Monographs are placed on sale by the Superintendent of Documents; series subscriptions are not available. Monographs are not included in subscriptions to *Public Health Reports*.

Address correspondence on editorial matters to: Executive Editor, Public Health Reports, Public Health Service, U.S. Department of Health, Education, and Welfare, Washington 25, D.C.